



**United States Environmental Protection Agency
Region 9
75 Hawthorne Street , (WST-6)
San Francisco, CA 94105**

Subsequent Letter

December 17, 2010

JENNIFER E CORNES
6200 FRANKLIN BLVD
SACRAMENTO, CA 95824

By obtaining a United States Environmental Protection Agency (EPA) Identification (ID) Number, you have notified EPA of your planned hazardous waste activities that are regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle C Regulations. EPA has updated the information for your RCRA Site based on the EPA Form 8700-12, Notification of RCRA Subtitle C Activity, which was received on **09/28/2010**. Your EPA ID number (also referred to as RCRA ID Number) below is specific to the location indicated on the RCRA Site Location, and cannot be used at, or transferred to another location.

EPA (RCRA) ID #: CAD009198367
RCRA Site Name: CAMPBELL SOUP SUPPLY CO LLC
RCRA Site Location: 6200 FRANKLIN BLVD
SACRAMENTO, CA 95824


The EPA ID Number is to be used on transport manifests and any other hazardous waste management documentation required under the RCRA Subtitle C Regulations.

EPA has listed your hazardous waste activities status as:

**Small Quantity Generator
Short-Term Generator Activity**

Your EPA ID Number does not expire. However, if any of the information required in the form changes, (e.g. RCRA Site Name, hazardous waste activity status, contact information, etc.), you may be required to notify EPA by resubmitting a Form 8700-12 (see the instructions accompanying Form 8700-12 at <http://www.epa.gov/osw/inforesources/data/form8700/8700-12.pdf>). If you plan to cease or have ceased operation at the RCRA Site Location, you must notify EPA as well. For this, you could send a letter to EPA requesting to inactivate the EPA ID Number. A letter will be sent to the contact person indicating the change(s) based on the submitted documentation.

Please keep in mind that if you have the hazardous waste activity status of a "Large Quantity Generator", there is a required Biennial Reporting that must be filed with your appropriate state or region. For more information, please visit <http://www.epa.gov/epawaste/inforesources/data/form8700/contact.pdf> to find the contacts for States and EPA Regions. If you have any RCRA Notification (EPA ID Number) questions, please call 415-495-8895. This RCRA Notification service telephone line is operated by EPA Region 9's Contractor, Tetra Tech EM, Inc.

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.		RECEIVED United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)			
2. Site EPA ID Number	EPA ID Number <u>C A D 0 0 9 1 9 8 3 6 7</u>			
3. Site Name	Name: Campbell Soup Supply Company, LLC			
4. Site Location Information	Street Address: 6200 Franklin Blvd. City, Town, or Village: Sacramento County: Sacramento State: CA Country: United States Zip Code: 95824			
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>3 1 1 4 2 2</u> C. <u>3 1 1 9 4 1</u> B. <u>3 1 2 1 1 1</u> D. <u>3 1 1 7 1 1</u>			
7. Site Mailing Address	Street or P.O. Box: 6200 Franklin Blvd. City, Town, or Village: Sacramento State: CA Country: United States Zip Code: 95824			
8. Site Contact Person	First Name: Jennifer MI: E Last: Cornes Title: Environmental Project Engineer Street or P.O. Box: 6200 Franklin Blvd. City, Town or Village: Sacramento State: CA Country: United States Zip Code: 95824 Email: Jennifer_Cornes@CampbellSoup.com Phone: 916-395-5137 Ext.: Fax: 916-395-5156			
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Campbell Soup Company Date Became Owner: 04/01/1947 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 1 Campbell Place City, Town, or Village: Camden Phone: 856-342-4800 State: NJ Country: United States Zip Code: 08103 B. Name of Site's Operator: Campbell Soup Supply Company, LLC Date Became Operator: 04/01/1947 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D007	D009	D011	F002	F003
F005						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


121	135	151	181	212	214	221
223	261	331	343	352	491	611

EPA ID Number C A D 0 0 9 1 9 8 3 6 7

OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Brett Buatti, V.P. Mfg. - Sacramento Op.	09/16/2010

Campbell Soup Supply Company L.L.C.

6200 Franklin Blvd.
Sacramento, CA 95824-3499

September 17, 2010

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105

Subject: Updated Site Identification Information


Dear Sirs & Madams:

Attached is an updated EPA form 8700-12 for the Campbell Soup Supply Company – Sacramento Plant. The authorized representative for this facility has changed. If you have any further questions I may be contacted at 916-395-5137 or by email at jennifer_cornes@campbellsoup.com.

Sincerely,



Jennifer Cornes
Environmental Project Engineer

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		 RECEIVED SEP 03 2008
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number 1C1A1D1010191119181316171		
3. Site Name (page 14)	Name: CAMPBELL SOUP SUPPLY COMPANY, L.L.C.		
4. Site Location Information (page 14)	Street Address: 6200 FRANKLIN BLVD.		State: CA Zip Code: 95824
	City, Town, or Village: SACRAMENTO		
	County Name: SACRAMENTO		
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 13111412121	B. 13111914111	
	C. 13112111111	D. 13111711111	
7. Site Mailing Address (page 15)	Street or P. O. Box: 6200 FRANKLIN BLVD.		
	City, Town, or Village: SACRAMENTO		
	State: CA		
	Country: SACRAMENTO	Zip Code: 95824	
8. Site Contact Person (page 15)	First Name: JENNIFER	MI: E	Last Name: CORNES
	Phone Number: 916-395-5137	Email address: campbell_jennifer_cornes@soup.com	
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: CAMPBELL SOUP SUPPLY COMPANY, L.L.C.		Date Became Operator (mm/dd/yyyy): 04/01/1947
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: CAMPBELL SOUP COMPANY		Date Became Owner (mm/dd/yyyy): 04/01/1947
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

QC - sept 9 2008 91

Entered RCRA/Notification 9-5-08 AD

OK PJ

as per contract 9/15/08

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D022	D008	D009	F002	F003

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

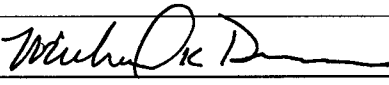
CA 741	CA 214	CA 352	CA 491	CA 121	CA 343	CA 212
CA 151	CA 331	CA 261				

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11).

(See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MICHAEL DUNN/V.P. MANUFACTURING	08/27/2008

Campbell Soup Supply Company L.L.C.

6200 Franklin Blvd.
Sacramento, CA 95824-3499

August 27, 2008

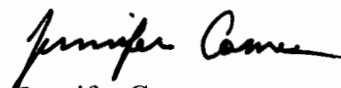
U.S. EPA Region 9
RCRA Notifications
WST-6-Tetrtech
75 Hawthorne Street
San Francisco, CA 94105

Subject: Updated Site Identification Information

Dear Sirs & Madams:

Attached is an updated EPA form 8700-12 for the Campbell Soup Supply Company – Sacramento Plant. The contact person for this facility has been changed. If you have any further questions I may be contacted at 916-395-5137 or by email at jennifer_cornes@campbellsoup.com.

Sincerely,



Jennifer Cornes
Environmental Project Engineer

United States Environmental Protection Agency
Region 9
75 Hawthorne Street , (WST-6)
San Francisco, CA 94105

September 10, 2008

JENNIFER CORNES
CAMPBELL SOUP SUPPLY COMPANY LLC
6200 FRANKLIN BLVD
SACRAMENTO, CA 95824

The US Environmental Protection Agency (EPA) has updated the information for your RCRA Subtitle C Site under the EPA Identification (ID) Number already assigned to your location (see below). EPA has updated this ID number in response to the RCRA Subtitle C Site Identification Form (8700-12) received from your RCRA Subtitle C Site on September 3, 2008.

By submitting the Form 8700-12, your RCRA Subtitle C Site has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

RCRA ID number: CAD009198367
is assigned to: CAMPBELL SOUP SUPPLY COMPANY LLC
6200 FRANKLIN BLVD
SACRAMENTO, CA 95824

EPA has listed your status as:
Small Quantity Generator

For assistance regarding RCRA regulations, access the following websites:
<http://www.epa.gov/osw/> or <http://epa.gov/rcraonline/>
or if you need a current version of the Subtitle C Identification Form (8700-12), access
<http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>

For assistance with any other RCRA Notification questions please call the Notification Information Line listed below.

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105

Notification Line (415) 495-8895

United States Environmental Protection Agency
Region 9
75 Hawthorne Street , (WST-6)
San Francisco, CA 94105

June 9, 2006

CHARLES FISHER
CAMPBELL SOUP SUPPLY COMPANY LLC
6200 FRANKLIN BLVD
SACRAMENTO, CA 95824

The US Environmental Protection Agency (EPA) has updated the information for your RCRA Subtitle C Site under the EPA Identification (ID) Number already assigned to your location (see below). EPA has updated this ID number in response to the RCRA Subtitle C Site Identification Form (8700-12) received from your RCRA Subtitle C Site on May 19, 2006.

By submitting the Form 8700-12, your RCRA Subtitle C Site has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

RCRA ID number: CAD009198367
is assigned to: CAMPBELL SOUP SUPPLY COMPANY LLC
6200 FRANKLIN BLVD
SACRAMENTO, CA 95824

EPA has listed your status as:

Small Quantity Generator

For assistance regarding RCRA regulations, access the following websites:

<http://www.epa.gov/osw/> or <http://epa.gov/rcraonline/>

or if you need a current version of the Subtitle C Identification Form (8700-12), access
<http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>

For assistance with any other RCRA Notification questions please call the Notification Information Line listed below.

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105

Notification Line (415) 495-8895

RECEIVED
MAY 19 2006
DATA MANAGEMENT
ANALYSIS SECTION

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number C A D 1 0 0 9 1 1 9 8 3 6 7		
3. Site Name (page 14)	Name: CAMPBELL Soup Supply Company, LLC		
4. Site Location Information (page 14)	Street Address: 6200 FRANKLIN BLVD City, Town, or Village: SACRAMENTO State: CA County Name: SACRAMENTO Zip Code: 95824		
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 3 1 1 1 4 2 2	B. 3 1 1 1 9 4 1	
	C. 3 1 1 2 1 1 1	D. 3 1 1 1 7 1 1	
7. Site Mailing Address (page 15)	Street or P. O. Box: 6200 FRANKLIN BLVD City, Town, or Village: SACRAMENTO State: CA Country: SACRAMENTO Zip Code: 95824		
8. Site Contact Person (page 15)	First Name: CHARLES	MI: P	Last Name: FISHER
	Phone Number: (916) 395-5137	Extension: N/A	Email address: charles.fisher@campbellsoup.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: CAMPBELL SOUP SUPPLY CO., LLC. Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		Date Became Operator (mm/dd/yyyy): 1947-per C. Fisher
	B. Name of Site's Legal Owner: CAMPBELL SOUP COMPANY Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		Date Became Owner (mm/dd/yyyy): 04/01/1947

QC 5/30/06 TB

In Data Info - Notifica 5-25-2006 MBB

ok MBB

5-19-06

9. Legal Owner (Continued) Address	Street or P. O. Box: CAMPBELL PLACE	
	City, Town, or Village: CAMDEN	
	State: NJ	
	Country: U.S.A.	Zip Code: 08103-1799

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

Campbell Soup Supply Company L.L.C.

6200 Franklin Blvd.
Sacramento, CA 95824-3499

12 May 2006

U.S. EPA – Region 9
RCRA Notifications
WST-6 Tetrattech
75 Hawthorne Street
San Francisco, CA 94105

Subj: Updated Site Identification Information

Dear Sirs & Madams:

Attached is an updated EPA form 8700-12 for the Campbell Soup Supply Company – Sacramento Plant. The contact person for this facility has been changed. If you any further questions I may be contacted at 916-395-5137 (by telephone) or charles_fisher@campbellsoup.com (by e-mail).

Sincerely,



Charles Fisher
Environmental Coordinator

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 04 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

C A D 0 0 9 1 9 8 3 6 7

II. Name of Installation (Include company and specific site name)

C A M P B E L L S O U P S U P P L Y C O S A C P L T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 2 0 0 F R A N K L I N B L V D

Street (Continued)

City or Town

S A C R A M E N T O

State

Zip Code

C A 9 5 8 2 4 - 3 4 9 9

County Code

County Name

S A C R A M E N T O

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

B A T U R A

J O H N

Job Title

Phone Number (Area Code and Number)

U T I L E N G R

9 1 6 - 3 9 5 - 5 0 5 5

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C A M P B E L L S O U P C O M P A N Y

Street, P.O. Box, or Route Number

C A M P B E L L P L A C E

City or Town

State

Zip Code

C A M D E N

N J 0 8 1 0 3 - 1 7 9 9

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

8 5 6 - 3 4 2 - 4 4 2 3

p

p

Yes

x

No

0 8

0 2

9 9

✓
In AR15/SL
SI 10/5/99

ok
UK

W5

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic ☒ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 0 6 D 0 0 7 D 0 0 8 D 0 1 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D 0 2 2	D 0 3 5	F 0 0 2	F 0 0 3	F 0 0 5	
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

William F. Kornegay Jr., Plant Manager

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Campbell SOUP Company

6200 FRANKLIN BLVD.
SACRAMENTO, CA 95824-3499

September 23, 1999

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street (WST-6/Tetra-Tech)
San Francisco, CA 94105

Dear Sir or Madam:

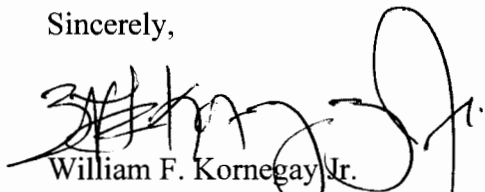
Campbell Soup Company is implementing a new business structure that will be comprised of three companies: *Campbell Soup Company*, *Campbell Sales Company*, and *Campbell Soup Supply Company*.

Campbell Soup Supply Company will be a wholly owned subsidiary of Campbell Soup Company. Effective August 2, 1999 *Campbell Soup Supply Company* will operate most of the U.S. manufacturing facilities, including the Sacramento Plant.

Therefore, we request that US EPA ID Number CAD009198367, records and correspondence handled by your agency be reassigned or transferred to the new *Campbell Soup Supply Company*, Sacramento Plant, effective August 2, 1999. A letter similar to this one has been sent to Cal EPA Department of Toxic Substances Control.

Please contact Mr. John Batura at (916) 395-5055, if you have any questions.

Sincerely,


William F. Kornegay Jr.
Plant Manager – Sacramento Plant

Enclosure (EPA Form 8700-12)

cc: Dr. Osman Aly, CSC WHQ
File

VS
8/16/99

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

DEC 10 1997 Tm
MAR 31 1998

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☐ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

C A D O O 9 1 9 8 3 6 7

II. Name of Installation (Include company and specific site name)

C A M P B E L L S O U P C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 2 0 0 F R A N K L I N B L V D

Street (Continued)

City or Town

S A C R A M E N T O

State

C A

Zip Code

9 5 8 2 4 - 3 4 9 9

County Code

County Name

U N I T E D S T A T E S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

D A L Y

(First)

D A R R E L L

Job Title

M A N A G E R - E N G I N E E R

Phone Number (Area Code and Number)

9 1 6 - 3 9 5 - 5 0 4 1

VI. Installation Contact Address (See Instructions)

A. Contact Address

☒ Location ☐ Mailing ☐ Other

B. Street or P.O. Box

- S A M E -

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

C A M P B E L L S O U P C O M P A N Y

Street, P.O. Box, or Route Number

C A M P B E L L P L A C E

City or Town

State

Zip Code

C A M D E N

N J

0 8 1 0 3 - 1 7 9 9

Phone Number (Area Code and Number)

6 0 9 - 3 4 2 - 4 8 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

OK Tm

4/1/98

In ARIS & SL 3/31/98

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor - Refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))



D006 D007 D008 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D022
7

2
D035
8

3
F002
9

4
F003
10

5
F005
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

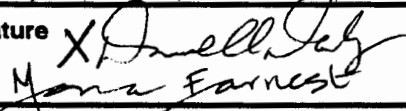
5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

MANAGER OF ENGINEERING
MANAGER - TRAINING & DEVELOPMENT

Date Signed

3/26/98
12-5-97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D006 D007 D008 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D022	2 D035	3 F002	4 F003	5 F005	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

X. D. Smith, Jr.
Mona Earnest

Name and Official Title (Type or print)

MANAGER OF ENGINEERING
MANAGER - TRAINING & DEVELOPMENT

Date Signed

3/26/98
12-5-97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Campbell SOUP *Company*

* * * * FRANKLIN BOULEVARD AT 43RD AVENUE * * * *
P.O. BOX 1406
SACRAMENTO, CALIFORNIA 95807

November 5, 1980

EPA Region IX
215 Fremont Street
San Francisco, CA 94105
Attn: A-3-2

Attention: Mr. W. Wilson
Hazardous Task Force

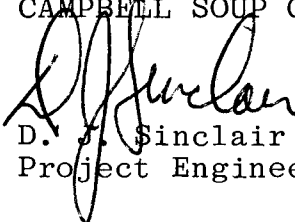
Gentlemen:

Attached is Campbell Soup Company Sacramento Plant's EPA Form 8700-12 as amended. The form was amended due to an administrative oversight.

Please remove the original form from your files and return it to this address.

Very truly yours,

CAMPBELL SOUP COMPANY


D. J. Sinclair
Project Engineer

DJS/jb

Attachment

cc: Mr. R. W. Ashworth/Mr. T. E. Malson
Mr. T. J. Grabowski
Mr. R. C. Locke





INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

1. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOXCITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBERCITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)**PHONE NO. (area code & no.)**

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

D. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

A. GENERATION

☐ **B. TRANSPORTATION** (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AHN

☐ D. NAIL

C. HIGHWAY

☐ D. WATER

☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

☒ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO.

C	A	D	0	0	9	1	9	8	3	6	7
---	---	---	---	---	---	---	---	---	---	---	---

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
W													T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 7 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>T. J. Grabowski</i>	NAME & OFFICIAL TITLE (type or print) T. J. Grabowski Plant Manager	DATE SIGNED 8-18-80
-------------------------------------	---	------------------------

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

*Original
mailed
11/10 per
request*

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

CAMPBELL SOUP COMPANY

II. INSTALLATION MAILING ADDRESS

P. O. BOX 1406

PLEASE PLACE LABEL IN THIS SPACE
SACRAMENTO, CA 95807

III. LOCATION OF INSTALLATION

43RD AVE. & FRANKLIN BLVD.

SACRAMENTO, CALIFORNIA

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

CAD00919836721

8/00/81

18 AUG 1980

I. NAME OF INSTALLATION

CAMPBELL SOUP COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O BOX 1406

CITY OR TOWN

SACRAMENTO

ST.

ZIP CODE

CA 95807

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

43RD AVE & FRANKLIN BLVD

CITY OR TOWN

SACRAMENTO

ST.

ZIP CODE

CA 95824

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

SINCLAIR DOUGLAS PROJECT ENGR

916 428 7890

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CAMPBELL SOUP COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item IX)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34
7	8	9	10	11	12
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34
U 1 5 9	U 2 2 0	U 1 6 1	U 0 3 1	U 1 7 1	U 2 3 9
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34
19	20	21	22	23	24
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34
25	26	27	28	29	30
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34
37	38	39	40	41	42
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34
43	44	45	46	47	48
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 24	25 - 26	27 - 28	29 - 30	31 - 32	33 - 34

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>T. J. Grabowski</i>	NAME & OFFICIAL TITLE (type or print) T. J. Grabowski Plant Manager	DATE SIGNED 8/10/80
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